

***Aerospace Medicine***

**OCCUPATIONAL HEALTH CLINIC EXAMINATIONS**

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This instruction establishes procedures and responsibilities for conducting the Occupational Health Program at Laughlin Air Force Base. It applies to all organizational commanders, section supervisors, and personnel at Laughlin Air Force Base and supporting sites.

**SUMMARY OF CHANGES:** This revision updates 47 FTWR 161-2 in its entirety.

**1. Provisions:** The Occupational Health Program is concerned with prevention and control of adverse effects in the work environment. Successful accomplishment requires close teamwork between the various sections of Aerospace Medical Squadron (AMDS); the Aeromedical Council; unit commanders; the Military Personnel Office (MPO); the Civilian Personnel Office (CPO); as well as supervisors and employees working in potentially hazardous areas.

**2. Definition of Terms for Clinical Examinations:**

2.1. Occupational Noise Exposure. Exposure to noise in the work environment exceeding the limits set by AFOSH STD 48-19, *Hazardous Noise Program*.

2.2. Health Hazard of the Workplace. Any hazard present in the workplace which may adversely affect the health of the worker. These hazards include, but are not limited to; noise, chemicals, radio frequency radiation, ionizing radiation, lasers, and biologic agents.

2.3. Occupational Health Clinic Exam. The term used to identify all exams performed under this program. This examination is not a complete physical examination of general health. Only those tests to detect any harmful effects from the known potential hazards in the working environment are conducted.

2.3.1. Pre-placement Exam. An exam prior to beginning work. May include specific baseline determinations.

2.3.2. Annual Exam. A clinic examination identified as an annual requirement for workers in potentially hazardous areas.

2.3.3. Special Purpose Exam. An examination given at specific intervals due to Occupational, Safety and Health Administration (OSHA), Air Force, or AETC directives, or occupational exposure to toxic agents at levels greater than 50% of the permissible exposure limit (PEL) as defined by applicable Air Force Occupational Safety and Health (AFOSH) Standards. Where no PEL is established, the special purpose exam will be based upon medical review by the Aeromedical Council of the Bioenvironmental Engineer's assessment of the potential hazard. In

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addition, persons significantly exposed to hazardous chemicals with skin absorption potential will receive special purpose exams.

2.3.4. Audiometric Exam. An examination performed annually and compared to the individual's reference audiogram to detect hearing loss due to occupational noise exposure.

2.3.5. Termination Exam. There are two types of termination exams: termination-of-employment and termination-of-exposure.

2.3.5.1. Termination-of-Employment Exam. An exam performed to evaluate the worker's health in relation to the hazardous agents he or she encountered during the course of employment. Exam results are used to identify latent exposure effects, assess the effectiveness of hazard controls, inform the worker of current health status, and advise the worker on future risk and the need for further medical care and follow-up.

2.3.5.2. Termination-of-Exposure Exam. An exam performed to document the status of an organ system in relation to specific exposures at (or near) the time exposure terminates. The information from these exams is used for the same reasons as termination-of-employment examinations except latent effects cannot be identified.

2.3.6. Out-of-Cycle Exam. A clinical examination, including specific baseline determinations, given for suspected accidental exposure, detailed follow-up, or before performing special operations.

2.3.7. Follow-Up Exam. An exam to further investigate test results or suspected overexposures.

## **3. Responsibilities:**

### **3.1. 47th Medical Group:**

3.1.1. The Aeromedical Council determines the frequency and extent of occupational health examinations for all shops or jobs as determined by the Occupational Health Working Group (OHWG), a subcommittee of the Aeromedical Council. This committee is composed of representatives from Aeromedical Services, Bioenvironmental Engineering Services, and Public Health.

3.1.2. The Chief, Aeromedical Services directs and coordinates the activities of Public Health, Bioenvironmental Engineering Services, Flight Medicine Clinic, and Physical Examinations and Standards Section in support of the Occupational Health Program.

#### **3.1.2.1. Public Health (PH):**

3.1.2.1.1. Monitors the Occupational Health Program.

3.1.2.1.2. Reviews MPO and CPO computer disks identifying personnel needing exams, generates rosters, and forwards to the Physical Examination and Standard Section (PES) for scheduling.

3.1.2.1.3. Maintains a current list of all work areas where personnel need occupational physical examination.

3.1.2.1.4. Monitors the accomplishment of occupational health exams.

3.1.2.1.5. Provides technical assistance in epidemiological investigation of all reported occupational illness cases.

3.1.2.1.6. Conducts industrial shop visits to provide technical guidance and assistance to supervisors in teaching safe work practices, the importance of observing occupational health standards, and proper use of personal protective clothing and equipment.

3.1.2.1.7. Provides data to MPF , CPO, and the PES, at least annually or anytime there is a change in occupational health clinic examination requirements.

### 3.2. Bioenvironmental Engineering Services (BES):

3.2.1. Conducts periodic and special evaluations to assess employee exposure to health hazards of the workplace.

3.2.2. Designates work areas and occupations which are in a potentially hazardous area and advises respective commanders and supervisors of changes in the workplace that could affect the health of the worker.

3.2.3. Provides written findings and recommendations to appropriate commanders, supervisors, and PH, concerning Bioenvironmental Engineering workplace evaluations.

3.2.3.1. Consults with PH on matters pertaining to Occupational Physical Examination requirements.

3.2.3.2. Provides initial respiratory protection training and fit testing of respirators for personnel on the respiratory protection program.

#### 3.2.3.3. Physical Examinations and Standards Section (PES):

3.2.3.3.1. Schedules all persons requiring pre-placement, periodic, and termination examinations as identified by MPH.

3.2.3.3.2. Performs all occupational health exams of military and civilian employees.

3.2.3.3.3. Returns completed occupational health exam scheduling rosters to PH not later than the fifth duty day of each month.

3.2.3.3.4. Sends no-show letters to the appropriate squadron commander and reports no-shows greater than 10% of the total number scheduled during any month, by squadron, to the Director of Base Medical Services via Aeromedical Council.

#### 3.2.4. Flight Medicine provides the following:

3.2.4.1. A flight surgeon as Occupational Medicine Consultant to the Occupational Health Program.

3.2.4.2. Clinic services or referral as required in support of special purpose exams and follow-up of abnormal exams.

3.2.4.3. Clinical services in the investigation of occupational illnesses.

### 3.3. Commanders:

3.3.1. Assure newly assigned personnel have completed required pre-placement examinations before beginning work. This requirement may be waived by CPO under certain circumstances.

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3.3.2. Appoint a representative to act as liaison with the 47th Medical Squadron and CPO for scheduling and certifying occupational health examinations.

3.3.3. Take action to minimize no-shows and broken appointments for occupational health examinations.

3.3.4. Ensure that a non-occupational exposure period is provided before personnel report for examination when recommended by the hospital. For example, individual reporting for a routine annual hearing examination must have a minimum of one hour noise-free duty before the examination.

3.3.5. Act on the Bioenvironmental Engineer's recommendations following their industrial hygiene evaluations. Ensure AF Form 3, **USAF Hazard Abatement Log**, is completed on all BES recommendations with a Risk Assessment Code (RAC) 1, 2, or 3, that have not been corrected within 30 days. Forward the completed AF Form 3 to BES for review, then forward to Wing Safety who will enter it into the Base Master Hazard Abatement Plan.

3.3.6. Ensure supervisors and employees are made aware of hazards in their work place and procedures for reporting suspected occupational health hazards.

3.3.7. Request BES/PH to investigate suspected occupational health problems (i.e., accidental over-exposures).

3.3.8. Inform BES of new operations suspected of being potentially hazardous and when existing hazardous operations are either relocated or significantly increased.

#### 3.4. Supervisors:

3.4.1. Report all exposures to health hazards of the workplace, if it is believed that workers' health has been affected, to PH and their commanders.

3.4.2. Ensure required pre-placement, follow-up, periodic, and termination examination are performed.

3.4.3. Refer all personnel with suspected occupational illnesses or injuries to the 47 Medical Squadron for evaluation and treatment.

3.4.4. Coordinate on scheduling examinations and ensure appointments are kept.

3.4.5. Refer all pregnant active duty personnel to the OB/GYN Clinic and all Department of Defense pregnant employees (other than private hires or contract workers) to PH for appropriate workplace evaluations and profile changes.

3.4.6. Record occupational health data such as type of examination required, and date of last exam on the civilian employee's AF Form 971, **Supervisor's Employee Brief**.

3.4.7. Ensure that a copy of this instruction is posted in the squadron and that workers are made aware of its location.

3.4.8. Post notice of hazards identified in areas specified by BES.

3.4.9. Develop, with BES, Base Safety, and/or Civil Engineering, controls or procedures necessary to control health hazards. Enforce procedures or the use of controls once they are developed.

3.4.10. Ensure employees are fully trained in safety procedures and use of required protective equipment. Supervisors are responsible for providing annual respiratory protection refresher training.

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3.4.11. Ensure personnel requiring termination occupational health examinations are scheduled with PES 30 days prior to separation.

3.4.12. Provide and document initial and annual occupational health education and training for employees as required by applicable Air Force and OSHA standards.

3.4.13. Inform BES, in writing, of any operational changes which may affect worker exposure to health hazards of the workplace. This includes, but is not limited to; the use of new chemicals, increase in the amount of work done, and change of workplace location.

3.4.14. Ensure that all workers are given the opportunity to review BES survey reports which related to their workplace.

### **3.5. 47th Mission Support Squadron:**

#### **3.5.1. CPO:**

3.5.1.1. Ensures that appointments are made with PES for pre-placement/baseline screening examinations of newly assigned civilians who have not previously been assigned or examined for hazardous operations in accordance with the Federal Personnel Manual Supplement, Chapter 339. NOTE: Exams must be accomplished before employees begin working.

3.5.1.2. Ensure that civilian personnel who are transferred into or from one potentially hazardous operation to another, or are separating from such a position, are referred to the medical facility for termination examinations.

3.5.1.3. Prepares and provides to PH all occupational health examination management products, on computer disks, not later than the second duty day of each month, for the administration of the Occupational Health Program.

3.5.1.4. Provides copies of all worker's compensation claims forms to PH for illness claims, as completed, in accordance with AFI 91-301, Air Force Occupational Safety, and Environmental Safety, Fire Prevention and Health Program.

#### **3.5.2. MPF:**

3.5.2.1. Prepares and provides to PH all occupational health examination management products, on computer disks, not later than the second duty day of each month for the administration of the Occupational Health Program.

3.5.2.2. Updates the APDS based upon the information provided by MPF, not later than the 28th day of each month.

#### **3.6. All Assigned Personnel:**

3.6.1. Use good work practices to reduce the potential for occupational illness/injury.

3.6.2. Utilize all prescribed personal protective equipment to reduce occupational exposure to hazardous substances or physical hazards in the workplace.

3.6.3. Report actual or suspected hazards to their supervisor.

3.6.4. Be responsible for complying with requirements set forth in the Occupational Health Program, including all aspects of personal health maintenance.

VALERIE J.CURRY, Capt, USAF  
Flight Chief, Public Health